

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket No: VENTANA 01.01

First Named Inventor: TAFT

Complete if known: Serial No: _____ Filing Date: December 20, 2001

Group Art Unit: _____ Examiner: _____

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **Method and Apparatus for Preparing Tissue Samples for Sectioning**, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, S. 1.56(a).

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s):</u>			<u>Certified Copy</u>			
				<u>Priority Claimed</u>	<u>Attached</u>	
(Number)	(Country)	(Month/Day/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(Number)	(Country)	(Month/Day/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application No:

Filing Date:

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

US Parent Application No. or PCT Parent Appln. No.	Parent Filing Date	Parent Patent Number (if applicable)
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And I hereby appoint Huw R. Jones, Reg. No. 33,916, of VENTANA MEDICAL SYSTEMS, INC., 1910 Innovation Park Drive, Tucson, AZ 85737; and HAYES, SOLOWAY, HENNESSEY, GROSSMAN & HAGE, P.C., a firm composed of Oliver W. Hayes, Reg. No. 15,867; Norman P. Soloway, Reg. No. 24,315; William O. Hennessy, Reg. No. 32,032; Susan H. Hage, Reg. No. 29,646; Steven J. Grossman, Reg. No. 35,001; and Donald J. Perreault, Reg. No. 40,126, or any of them, of 175 Canal Street, Manchester, New Hampshire 03101 (Telephone: 603-668-1400); or Edmund Paul Pfleger, Reg. No. 41,252; Dale F. Regelman, Reg. No. 45,625; or Kevin M. Drucker, Reg. No. 47,537, or any of them, of 130 W. Cushing Street, Tucson, Arizona 85701 (Telephone: 520-882-7623) my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent Office connected therewith.

Please direct all future correspondence in connection with this application to the attention of **Norman P. Soloway, HAYES, SOLOWAY, HENNESSEY, GROSSMAN & HAGE, P.C.**, 130 W. Cushing Street, Tucson, Arizona 85701 (Telephone: 520-882-7623).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: **Scott Taft**

First Inventor's signature Scott Taft Date 12-20-01
Residence: 2668 East Big View Drive, Oro Valley, Arizona 85737
Citizenship: USA
Post Office Address: Same as Residence